

RONALD FANTOZZI

15 OF 18

St. Mary's Regional Medical Center
Patient / Family Education Assessment

7259502 MS MR 221342
 9/16/97 HALLHUT, PAUL R
 FANTOZZI, RONALD N
 40 POLIND RD
 ELBURG HE 04210
 630Y 62 M/M 207-7823873
 218103-G1 99990089

Is education assessment on patient? ☒ Yes ☐ No

Is education assessment on caretaker? ☐ Yes ☐ No

Able to read? ☒ Yes ☐ No

Level of education? ☐ College ☒ High School ☐ Gradeschool

Able to write? ☒ Yes ☐ No

☒ English ☐ French ☐ Other _____

How do you learn best? ☒ Written ☒ Verbal ☐ Video ☒ Doing

Check any of the following barriers the learner has. Describe in comment section:

- ☒ Visual impairment *W44* ☐ Problems with manual dexterity ☐ Impaired motor skills
☐ Hearing impairment ☐ Aphasia ☐ No impairments noted
☐ Low literacy ☐ Learning disability ☐ Cultural/religious health practices

Desire/Motivation to learn: ☒ Attentive ☐ Uninterested ☐ Uncooperative

Level of patient's self care at time of admission: ☒ Independent ☐ Needs Assistance ☐ Total Care

Comments:

RN Signature: _____

ID Key	Date	Time	Topic	Individual	Method	Understanding	Comments	Signature
MS	9/16	1500	Illness/Condition	(P) F S	W (V) AV D	(DU) N RD		<i>J. Laidon</i>
			Treatment Plan	(P) F S	W (V) AV D	(DU) N RD	<i>none indicated</i>	
			Diet Orders	(P) F S	W (V) AV D	(DU) N RD		
			Activity Orders	(P) F S	W (V) AV D	(DU) N RD		
			Call Bell	(P) F S	W (V) AV D	(DU) N RD		
MS	9/16	1500	Operation of Bed	(P) F S	W (V) AV D	(DU) N RD		<i>J. Laidon</i>

SMNURSINOFORMS

7259582 NS NR 221342
 9/16/97 MAILHOT, PAUL R
 FANTOZZI, RONALD N
 40 POLAND RD
 AUBURN ME 04210
 218103-01 99990089
 St. Mary's Regional Medical Center
 HE Advance Directives Form
 9/16/97 X/M 207-7823873

7259582 NS NR 221342
 9/16/97 MAILHOT, PAUL R
 FANTOZZI, RONALD N
 40 POLAND RD
 AUBURN ME 04210
 C35Y 9/16/97 X/M 207-7823873
 218103-01 99990089

1. Does patient have an Advance Directive? ☐ Yes ☒ No
 (living will or durable power of attorney for health care).
 If No Advance Directive, skip to (and complete) #2 and #3.
 If Yes, has an Advance Directive continue (and complete) #1:
 Patient identifies document as:
 "

Is the Advance Directive on file here at St. Mary's? ☐ Yes ☐ No
 (check medical record)

If not on file here, request a copy of Advance Directive to be brought in.

From whom requested:

☐ Patient ☐ Family: Designate: _____

RN Signature: J. Carlson, R

If patient has Advance Directive, skip to #4

2. Patient directed to read "Advanced Healthcare Directives Packet" and policy summary.

☒ Yes ☐ No If No, designate why: _____

Family directed to read the above.

☒ Yes ☐ No

3. Patient requested further information.

☐ Yes ☐ No

If Yes, identify who was contacted:

	Date	Time	Individual
Social Service			
Pastoral Care			
Nurse Supervisor			
(after hours)			
Other			

(For Items 2-3) R.N. Signature: J. Carlson, R

4. Physician informed of Advance Directive.

Date	Time	Physician	RN Signature

5. Copy of the Advance Directive placed in the chart.

☐ Yes

Verified with patient the Directive is the latest version.

☐ Yes

Document title:

Date	Time	RN Signature

Documentation for Revocation of Advance Directive

Date	Time	RN Signature	Physician Informed (state MD name)

Patient informed of implications of decision.

Date	Time	RN Signature

Patient Acknowledgement for Receipt of Advance Directive Policy Patient Summary

Date	Signature	Witness
Sept 16 1997	<u>[Signature]</u>	<u>Sandra Parshall</u>

140004

SHVAT/PPE/FORMS.MMS

SMMMC Advance Directives Form
Other Actions/Additional Information
(include dates, time, description, signature):

Lined area for text entry.

AD 1/20/92

ST. MARY REGIONAL MEDICAL CENTER INTERDISCIPLINARY ASSESSMENT

7259 NS
9/18/97 NAILNOT, PAUL 821842
FANTOZZI, RONALD H
AC POLAND RD
ALBURN NE 04210
0357 62 N/M 207-7023473
218103-01 99990089

General Information

PAT Date: _____ Time: _____
Admit Date: 9/16/97 Dr: Renal Calcedi
Admitting Physician: Dr. Mailhot Considered organ/tissue donation? Y ☐ N ☐

Attending Physician: Dr. Boulanger PERSON TO NOTIFY IN EMERGENCY

Chief Complaint: abd / flank pain Name: Debra Fantozzi (wife)

Phone: Home: 7823873 Work: _____

Education 11th Occupation model / shoe factory

Primary Language: English

Able to Read yes Write yes

Vital Signs T 36° P 92 R 16

BP (L) 124 (R) _____

Height 5'6" actual/stated

Weight 166 kg actual/stated

SIGNIFICANT OTHER:

Name: _____

Phone: Home: _____ Work: _____

Information obtained from: _____ Relationship: _____

Name: _____

Allergies

Reaction

<u>hayfever</u> - <u>has shots for it some times</u>	
<u>NKDA</u>	
Latex: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Current Medications

NAME	DOSAGE	FREQUENCY	LAST DOSE	REASON FOR TAKING
<u>none</u>				

Substance Use

	Name	Frequency	Amount	Last Used
Over-The-Counter	<u>nasal spray - nasal cream for allergies</u>			
Stimulants/Tranquillizers	<u>0</u>			
Recreational Drugs	<u>0</u>			
Alcohol	<u>quit 10/11 w approx 5 mo ago - beer</u>			
Other	<u>0</u>			

Have you been able to follow prescribed medication/Treatments? NP Y ☐ N ☐ Why? _____

Have you ever been involved in rehabilitation? NP Y ☐ N ☐ Explain _____

Nutrition Screen

Weight loss / gain (215) Kg/lbs in 1 weeks / months

Active problem(s):

Chewing

Swallowing

Vomiting

☒ Diarrhea off/on

Decubitus

Eating Disorder

Pregnant

Lactating

☒ Surgery Planned

Tube Feed

TPN / PPN

PPN

Albumin

Referral Level

Signature J. Calver R.

PH0228

Pink Copy - Nutrition Services • Yellow Copy - Pharmacy

Page 1

500685.011.0394

7254502 AS BR 221342

9/16/97 REIMCT. PAUL

FANTOZZI, RONALD N

20 PULMONO RD

ALBUQUERQUE, NM 84210

0144 Respiratory S/N 287-1053073

PILLS Blood Dis 00000000

Medical History

☐ Negative Hx ☐ Neurologic
☐ Diabetes ☒ Hepatitis/Infectious Diseases
☐ HTN ☒ Vision Disorder *@ eye - retina problems*
☐ Heart Disease ☐ Hearing Disorder
☐ Tuberculosis ☐ Seizure Disorder
☐ Orthopedic ☐ Psychological/Emotional
☐ Other _____
☐ Kidney Disease
☐ Thyroid Disease
☐ CVA
☐ Cancer

Surgical HX/Previous Hospitalizations: *Hepatitis C - 1yr ago - ? treatment**Gallbladder Removed 8 yrs ago, Chron's Disease*

Signature

MusculoskeletalHISTORY: ☒ Negative Hx

☐ Arthritis ☐ Fractures ☐ Scoliosis
☐ Deformities ☐ Injuries ☐ Muscular Dystrophy
☐ Joint Pain ☐ Amputations ☐ Other

Explain: _____

Problem/

EXAM:**Ambulation****Gait****Assistive Devices**

☒ unassisted ☒ steady ☐ wheelchair ☐ crutches
☐ assisted with 1 or 2 ☐ unsteady ☐ cane ☐ walker
☐ unable ☐ splints ☐ prosthesis

Range of Motion Difficulties (specify): _____

Comments: _____

Signature

Cardio PulmonaryHISTORY: ☒ Negative Hx

☐ Chest Pain ☐ Anemia ☐ Murmur ☐ Congenital Defect
☐ Palpitations ☐ Varicosities ☐ Hypercholesteremia ☐ Pacemaker
☐ MI ☐ TIA ☐ Arrhythmias ☐ Artificial Valve
☐ CVA ☐ CHF ☐ Peripheral Edema ☐ Mitral Valve Prolapse
☐ HTN ☐ PVD ☐ Permanent IV Access ☐ Other

Explain: _____

Problem/

EXAM:**Pulse****Capillary Refill****Lung Sounds****Chest Excursion**

☒ Regular ☒ Quick (L) (R) ☒ Symmetrical
☐ Irregular ☐ Sluggish Clear ☐ Asymmetrical
☐ Bounding ☐ Cyanosis Wheezing _____
☐ Thready ☒ None Crackles _____
☐ Weak ☐ Lips Rhonchi _____

Monitor Pattern (if applicable) _____

Breathing Pattern

☒ Non Labored ☐ Labored ☐ Rapid ☐ Regular ☐ Accessory Muscle Use

Signature

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7/15/97 MAILBOX. PAUL R 221342
 FANTOZZI, RONALD N
 40 P AND RD
 AUBURN
 CT 06210
 218103-01 162 N/A 207-7823873
 99990089

75575822

Gastrointestinal

HISTORY: _____ Negative Hx

<input checked="" type="checkbox"/> Diarrhea	<input checked="" type="checkbox"/> Blood in Stools	<input checked="" type="checkbox"/> Hiatal Hernia	<input type="checkbox"/> N/V
<input type="checkbox"/> Constipation	<input type="checkbox"/> Abd/Epigastric Pain	<input type="checkbox"/> Diverticulosis	<input checked="" type="checkbox"/> Cramps
<input type="checkbox"/> Ostomy	<input type="checkbox"/> Irritable Bowel Syndrome	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Jaundice
<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Gastric Ulcer/Polyps	<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Cancer
<input type="checkbox"/> Hematemesis	<input type="checkbox"/> Esophagitis/Varices	<input type="checkbox"/> Heartburn	<input type="checkbox"/> Other

Explain: *Chronic Disease - dx 1980. Part of Bowel removed 1981-82*

NUTRITION:

Diet _____ Regular ☒ Special (Explain): *Low fat, ↑ fluids (even, gatorade)*
 Dentures: _____ Upper _____ Lower _____ Partial

Feeding

☒ Self
 _____ Needs Assist

Appetite

☒ Good
☒ Fair
 _____ Poor

Bowel Habits

☒ Regular
☒ Irregular
9/16 Last Bm

EXAMS:

Dental Hygiene

☒ Good
 _____ Fair
 _____ Poor

Oral Mucosa

☒ Pink
 _____ Moist
☒ Dry

Bowel Sounds

☒ Present
 _____ Absent

Abdomen

☒ Tender
 _____ Nontender
 _____ Distended
☒ Nondistended
☒ Soft
 _____ Firm

Comments: _____

Signature _____

Urinary

HISTORY: _____ Negative Hx

<input type="checkbox"/> UTI	<input type="checkbox"/> Dysuria	<input type="checkbox"/> Chronic Renal Failure
<input type="checkbox"/> Hematuria	<input type="checkbox"/> Pyuria	<input type="checkbox"/> Cancer
<input type="checkbox"/> Nocturia	<input type="checkbox"/> Urinary Stress Incontinence	<input type="checkbox"/> Prostate Problems
<input type="checkbox"/> Encopresis	<input checked="" type="checkbox"/> Kidney Stones sm one	<input type="checkbox"/> Other

Explain: *was able to pass on own long time ago in ER*

Urine

☐ Clear
☐ Cloudy
☒ Dark
☒ Yellow
☐ Pink-tinged

Voiding Pattern

☒ No Difficulty
☐ Frequency
☐ Urgency
☐ Hesitancy
☐ Incontinence
☐ Discomfort

Bladder

Slightly Distended
☐ Non-Distended

Signature _____

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EXAM: Catheter

Indwelling/Size _____
 Intermittent/How often? _____
 Suprapubic _____

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 218103-01 99990089

Dialysis

No _____
 Yes #Yrs./Mos. _____
 Hemo/#Times per Week _____
 Peritoneal/Exchange Pattern _____
 Solution Strength _____

Graft Site Location:

Thrill _____ Bruit _____ Site Condition _____
 Present Present Edematous _____
 Absent Absent Erythematous _____
 Discolored _____
 No Abnormalities _____

Dialysis Catheter

No _____
 Yes _____
 Site _____

Comments: _____

Signature _____

Reproductive / Sexuality**HISTORY:** ☒ Negative Hx:

STD _____ Pain _____ Breast CA _____
 PID _____ Discharge _____ Other _____
 Menstrual Irregularities _____ Cysts/Tumors _____

Explain: _____

LMP

Pregnant Yes _____ No _____

Para _____

Gravida _____

Last Pap Smear _____

Self Breast/Testicular Exam Yes _____ No _____

Comments: _____

Mastectomy

N/A _____

Right _____

Left _____

Bilateral _____

Problem/

Signature _____

Integumentary**HISTORY:** Negative Hx:

Psoriasis _____ Eczema _____ Pruritis _____ Wounds _____
 Lesions _____ Cancer _____ Other _____

Explain: *Tattoo 4/20/90***EXAM:****Color**

Pink _____
 Pale _____
 Flushed _____
 Ashen _____
 Jaundiced _____

Turgor

Good ☒
 Fair _____
 Poor _____

Temperature

Warm ☒
 Hot _____
 Cool _____

Moisture

Dry ☒
 Moist _____
 Diaphoretic _____

Problem/

Signature _____

Page 4

7259582 3 MR 342
 9/16/97 MAILHOT, PAUL R
 FANTOZZI, RONALD M
 40 POLAND RD
 AUBURN ME 04210
 C35Y 62 M/H 207-7833873
 218103-01 99990089

SKIN IMPAIRMENTS: Identify with Appropriate Letter



Front



Back

C=Contusion
 D=Decubitus
 R=Rash
 L=Laceration
 E=Exanthymosis
 S=Scar
 P=Petechiae
 B=Burn
 O=Other

Problem/

Comments/Current Treatments:

Signature

Neurological

HISTORY: Negative Hx:

<input type="checkbox"/> Headaches	<input type="checkbox"/> Numbness	<input type="checkbox"/> HOH	<input type="checkbox"/> Diplopia
<input checked="" type="checkbox"/> Vertigo	<input type="checkbox"/> Tingling	<input type="checkbox"/> Tinnitus	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Syncope	<input type="checkbox"/> Behavioral Changes	<input type="checkbox"/> Herniated Discs	<input type="checkbox"/> Cataracts
<input type="checkbox"/> TIA	<input type="checkbox"/> Seizures	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Other

Problem/

Explain: *Saw Dr. Boulenger for dizziness, has lost consciousness occ
 p 3mo long catol - still occurs*

Vision Last Checked *retinal damage - off & on difficulty seeing - goes black
 but says nothing can be done*
☐ No Visual Impairment
☐ Artificial Eye ☐ (L) ☐ (R)
☐ Legally Blind ☐ (L) ☐ (R)
☐ Totally Blind ☐ (L) ☐ (R)
(L) eye only

Signature

Fall Assessment

HISTORY: ☒ Negative Hx:

<input type="checkbox"/> Gait Unsteady	<input type="checkbox"/> Uses Walker, Cane, Prosthetic
<input type="checkbox"/> Diseases/Weight Bearing Joints	<input type="checkbox"/> Confused at Night/Disorientation
<input type="checkbox"/> Pain Medication	<input type="checkbox"/> Diuretics/Urinary Frequency
	<input type="checkbox"/> Generalized Weakness/dizziness/vertigo

Problem/

Comments

Signature

A "Y" will trigger a safety alert

Signatures

Name	Discipline	Date
<i>Dr. Boulenger, Paul</i>	<i>Physician</i>	<i>9/16/07</i>

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REFERRAL SCREEN

7254582 MS MR 22134
 9/16/97 MAILHOT, PAUL R
 TANTOZZI, RONALD M
 40 POLAND RD

Respiratory

AUBURN ME 04210
 2003-01 9099066666/Referral

1. Do you smoke or chew tobacco Y ☒ N ☐ How many years _____ How long _____
 When did you quit _____
2. Do you have a cough Y ☒ N ☐ Do you produce sputum Y ☒ N ☐
 What is color _____ Any blood Y ☒ N ☐
3. Do you have post nasal drip Y ☒ N ☐
4. Do you have seasonal allergies Y ☒ N ☐
5. Do you snore Y ☒ N ☐ Do you become sleepy during the day Y ☒ N ☐
6. Are you currently SOB Y ☒ N ☐
 Describe what happens _____
7. Have you been treated for: Have you been told you have:
 Pneumonia Y ☒ N ☐ Asthma Y ☒ N ☐
 Tuberculosis Y ☒ N ☐ Emphysema Y ☒ N ☐
 Lung Cancer Y ☒ N ☐ Brunchitis Y ☒ N ☐

A total of 6 Y will trigger a RCP assessment

Signature

Rehab Services

1. Are you receiving rehab services at home Y ☒ N ☐
 PT _____ OT _____ Speech _____ HHA _____
2. Do you have pain or circumstances that prevents you from performing ADL Y ☒ N ☐
 If Y, what are you unable to do _____
3. Do you currently use assistive devices
 WC _____ Walker _____ Cane _____ Other _____
4. Do you require assist to bath/dress Y ☒ N ☐
5. Do you have difficulty chewing or swallowing Y ☒ N ☐
6. Do you have difficulty hearing Y ☒ N ☐
7. Do you have difficulty making yourself understood Y ☒ N ☐
8. Do you have difficulty understanding what is said to you Y ☒ N ☐

A Y will trigger a referral to Rehab Services
 (OT, PT, Speech)

Problem/
 Referral

Signature

Spiritual

1. What is your source of strength during times of difficulty _____
2. Are you affiliated with a church/synagogue _____
3. Do you request a visit from the chaplain Yes No

Problem/
 Referral

Susan Carlson, RN
 RN Completing Form

9/16/11
 Date

1:50
 Time

Signature
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St. Mary's Regional Medical Center
Nursing Diagnosis/Patient Problem List

7259582 MS NR 221342
 9/16/97 HAILBCT, PAUL R
 FANTOZZI, RONALD M
 40 POLAND RD
 AUBURN ME 04210
 CTSY /62 W/H 207-7923873
 218103-01 99990089

Code: A = Problem identified and worked on. B = Problems identified and not worked on at this time.			Initiated By	Date Resolved
Code	Date	#	Problem:	
A	9/16	A	<i>alt in comfort</i> <i>renal calculi</i> Manifested By: <i>clo abd / flank pain (L)</i> Plan: <i>clean logs - plain urine</i> <i>pre-op cysto - (C) medical stent insertion</i> Discharge Outcome - Patient will: <i>void & comfortably, state ↓ pain</i>	<i>S. Lally, R</i>
Code	Date	#	Problem:	
A	9/17	2	<i>Elimination</i> Manifested By: <i>unable to void</i> Plan: <i>St. cath pain, stent urethra, teach about stent</i> Discharge Outcome - Patient will: <i>void & comfortably</i>	<i>Shurt</i>
Code	Date	#	Problem:	
			Manifested By: Plan: Discharge Outcome - Patient will:	

DATE/TIME

500685.011.0400

St. Mary's Regional Medical Center
Nursing Diagnosis/Patient Problem List

7259582 MS HR 221342
 9/16/97 XAILHOT, PAUL R
 FANTOZZI, RONALD H
 40 POLAND RD
 AUBURN ME 04210
 C35Y 762 W/M 207-7823873
 218103-01 99990089

Code: A = Problem identified and worked on. B = Problems identified and not worked on at this time.					
Code	Date	#	Problem:	Initiated By	Date Resolved
Manifested By:					
Plan:					
Discharge Outcome - Patient will:					
Manifested By:					
Plan:					
Discharge Outcome - Patient will:					
Manifested By:					
Plan:					
Discharge Outcome - Patient will:					

SMCCLAPFORMS

500685.011.0401

St. Mary's Regional Medical Center

Nursing Documentation Form
Assessment • Intervention • Evaluation

Date: 9/16/97

7259582 MS MR 221342
 9/16/97 HAILHOT, PAUL R
 FANTOZZI, RONALD H
 40 POLAND RD
 AUBURN NE 68210
 C35Y /62 H/W 207-7823873
 218103-01 99990089

Shift Times:

		7-3	3-11	4-7 12-07
Assessment/Observations	Psych/Social			COG <i>good</i>
	Cardiovascular			BP 155/12 155/14
	Respiratory			lung clear
	Gastrointestinal	<i>see admission assessment</i>		distended <i>abdomen</i> see notes
	Genitourinary			calls at 2145 for urine changes
	Integumentary			Widened
	Musculoskeletal			Widened
	Neurovascular			Widened
	Neurological			Widened
	Pain			Widened
Teaching: See Progress Notes Or Teaching Flow Sheet				
Procedures	O ₂			RA
	Suction			-
	Cough & Deep Breathe			-
	Incentive Spirometer			-
	Dressing			-
	Anti-Embolic Device			125 <i>gms</i>
	Dx Test/Special Procedure			-
	Spec Sent to Lab			125 <i>gms</i>
	IV Therapy			-
	I-Med			-
Checks (rounds)	<i>125 <i>gms</i></i>		<i>125 <i>gms</i></i>	

• See Progress Notes

FJ 0073

500685.011.0402

Date: 7/167259582 NS MR 221342
9/16/77 NAILHOT, PAUL R
FANTOZZI, RONALD M

Shift Times:

7-3

62 3/N 200-7823673
210103401 93430089

HYGIENE	Bath						
	Special Mouth Care						
	Foley Care/Peri Care						
NUTRITION	Appetite						
	Tube Feeding/Supplements						
ELIMINATION	Stools					7 x 12 Plots — BS	
	Hematest Procedures						
	Enema					Flaks x1 — BS	
	Catheter Str/Foley						
	Strain Urine						
	Incontinent						
	Ostomy Care						
	NG/Gtube						
	Other					I.V. — BS	
ACTIVITY	Bedrest/Reposition					self — BS	
	Ambulate					self to bathroom — BS	
	Up In Chair						
	ROM By Nursing						
	Sleep					Per — BS	
	Friends/Family						
SAFETY	Siderails/Call Bell					745 bell in reach — BS	
	Restraints: Type/Checks						
	Transport						
Signature/Initials		Signature	Init.	Signature	Init.	Signature	Init.
						B. Blum (S)	BS

Intake and Output Log

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
	TF	PO	Blood TPN	I.V. Solution	Other	Time	Urine	Drainage	Emesis	Other
1400h						1400h				
2200h						2200h				
0600h						0600h				
24 Hour Total						24 Hour Total				

500685.011.0403

St. Mary's Regional Medical Center

Nursing Documentation Form
Assessment • Intervention • Evaluation

Date: 9/17/97

720582
6/97 BA HR 22134
FRANTOZZI, RONALD R
40 POLAND RD
AUBURN ME 04210
C35Y 62 N/H 207-782387
218103-01 99990089

Shift Times:

6-7-19

7-3

3-11

11-7-19-07

Assessment/Observations	Psych/Social	quiet, cooperative		cooperative
	Cardiovascular	apical edema, pedal pulses palpable		4+ stable
	Respiratory	lung sounds clear, diminished		lung clear
	Gastrointestinal	nausea, no vom. Bowel sounds active unobstructed loose BM past up		abd distended soft good BS & stool
	Genitourinary	Mr. called @ 1500 for urinalysis clean sample sent 2 scant amt bloody clots end of cath. Some wires intact. Foley inserted @ 1800		urine clear white
	Integumentary	wounds dry		w/d good
	Musculoskeletal	MMT, up to Bt		MAE
	Neurovascular	cap refill brisk		no edema
	Neurological	strong		A.D
	Pain	Buprenex 0.3 mg IV @ 1100 - faint short effect Pain at 5:10 @ 1430 - perfect Buprenex 0.3 mg IV @ 1700 - perfect		LLQ - mild tender at 2045 - 0350 - 07 chilling

Teaching: See Progress Notes Or Teaching Flow Sheet

Procedures	O ₂	RA		107
	Suction	-		
	Cough & Deep Breathe	encouraged		encouraged
	Incentive Spirometer	-		
	Dressing	Wound dressing changed to perineal		new dressing to perineal
	Anti-Embolism Device	Knee High Socks		teach
	Dx Test/Special Procedure	EN		
	Spec Sent to Lab	-		
	IV Therapy	insulin 1 unit/kg insulin		12/10/51 insulin
	I-Med	4		
	Checks (rounds)	q3h vitals Lab results		7/10/51

* See Progress Notes

FL 0073

500685.011.0404

Date: 9/17

7254582 NS NR 221342
 9/16/07 HAILHOT, PAUL R
 FANTICZZI, RONALD H
 42 PCLAND RD
 ALBURN ME 04210
 212103-01 99910089

Shift Times:

		7-3	3-11	11-7			
HYGIENE	Bath	assist	partial assist	BS			
	Special Mouth Care						
	Foley Care/Peri Care	assist					
NUTRITION	Appetite	NPO					
	Tube Feeding/Supplements						
ELIMINATION	Stools	once					
	Hematest Procedures						
	Enema						
	Catheter St/Foley		draining cl. yellow	BS			
	Strain Urine	✓		BS			
	Incontinent						
	Ostomy Care						
	NG/Gtube						
	Other		IV	BS			
ACTIVITY	Bedrest/Reposition	assist reposition	self	BS			
	Ambulate	assist	self in room	BS			
	Up In Chair	0	xl	BS			
	ROM By Nursing						
	Sleep		OK	BS			
	Friends/Family		visitors	BS			
SAFETY	Siderails/Call Bell		1/2 call bell in reach	BS			
	Restraints: Type/Checks	0					
	Transport	WORE Kip					
Signature/Initials		Signature	Init.	Signature	Init.	Signature	Init.
		Forrester BS	RM			Backus CP	BS

Intake and Output Log

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
TF	PO	Blood TPN	I.V. Solution	Other	Time	Urine	Drainage	Emesis	Other	
					1400h					
					2200h					
					0600h					
24 Hour Total					24 Hour Total					

500685.011.0405

Stamary's Regional Medical Center

Nursing Documentation Form
Assessment • Intervention • Evaluation

Date: 9/18/97

7259582 MS NR 221342
9/16/97 HAILHOT, PAUL R
FANTOZZI, RONALD M
40 POLARD RD
ALBURN NE 04210
1357 1/62 N/H 267-7823873
2121C3-C1 9999C089

Shift Times:

07-19

7-3

3-11

H-7/19-8

Assessment/Observations	7-3	3-11	H-7/19-8
Psych/Social	Alert, cooperative /cc	Pleasant, cooperative	Cooperative
Cardiovascular	Psil. pedal pulses full, pedal edema noted /cc	apical edema, pedal pulses +	U/S +ve, stable
Respiratory	lung sounds clear, no cough, sputum /cc	lung sounds, no bases	lung clear, dependent, no rales
Gastrointestinal	BS, no pain, abd. soft, no distention, no /cc	BS, no pain	abd distended, guard BS, no /cc
Genitourinary	voided 300cc, clear, no straining, no /cc	urine clear, amber, @ 1400	voided clear and
Integumentary	skin dry /cc, no edema, no /cc	skin warm, dry	W/d skin
Musculoskeletal	M.A.E., P in heel, no /cc	M.A.E., no to	M.A.E. no /cc
Neurovascular	PERH, cap /cc	cap refill brisk	PERH
Neurological	A+D+O /cc	110x3	A - 0
Pain	Medication 2 state, no /cc	% @ 1200, pain, med, 1200-1100	no med, no /cc
Teaching:	See Progress Notes Or Teaching Flow Sheet		
O ₂	RA	RA	RA
Suction	RA	RA	RA
Cough & Deep Breathe	encouraged x 2 /cc	encouraged	encouraged
Incentive Spirometer	RA	RA	RA
Dressing	Alert, no /cc	skin, no /cc	skin, no /cc
Anti-Embollic Device	RA	RA	RA
Dx Test/Special Procedure	RA	RA	RA
Spec Sent to Lab	RA	RA	RA
IV Therapy	RA	RA	RA
I-Med	RA	RA	RA
(checks/rounds)	RA	RA	RA

* = See Progress Notes

EL 0073

500685.011.0406

Date:

9/18/97

7259582 NS NR 22154
 9/16/97 HAILHOT, PAUL R
 FANTOZZI, RONALD W
 40 PCLAND RD

Shift Times:

7-3

3-31 HE 012-170

HYGIENE	Bath	self /cc				
	Special Mouth Care	self /cc				
	Foley Care/Peri Care					
NUTRITION	Appetite	eggs for 1st part of day for lunch /cc				
	Tube Feeding/Supplements					
ELIMINATION	Stools	0				
	Hematest Procedures					
	Enema					
	Catheter Str/Foley					
	Strain Urine					
	Incontinent					
	Ostomy Care					
	NG/Tube					
	Other					
ACTIVITY	Bedrest/Reposition	self /cc				
	Ambulate	Pinch & walk /cc				
	Up to Chair	7 inches /cc				
	ROM By Nursing					
	Sleep					
	Feed/Family					
SAFETY	Sidrails/Call Bell	up /cc				
	Pressure/Tyre/Chucks					
	Fire/Exit					
Signature		Init.	Signature	Init.	Signature	Init.
C. Lamm, SNA		cc	Theresa, SNA	cc		

Intake and Output Log

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
IF	PO	Blood TPN	IV Solution	Other	Time	Urine	Drainage	Emesis	Other	
					1400h					
					2200h					
					0600h					
24 Hour Total					24 Hour Total					

500685.011.0407

St. Mary's Regional Medical Center

Nursing Documentation Form
Assessment • Intervention • Evaluation

Date: 9/19/97

7259582 MS NR 221342
 9/16/97 MAILHOT, PAUL R
 FINTOZZI, RONALD M
 48 POLAND RD
 AUBURN
 CT 04210
 207-7823873
 28103-01 99990089

Shift Times:

	7-3	3-11	11-7
Psych/Social	Alert, oriented, cooperative Unpleasant /cc	Pleasant talkative	Alert, sleepy, pleasant
Cardiovascular	12:25 VS: BP 104/96, 20, 37 /cc	apical edema	PR2 136/104 No chest pain
Respiratory	Lungs clear, 8 SOB /cc	lung sounds clear	lungs clear RA
Gastrointestinal	BS active, distended, no nausea, 12-20 BF /cc	no bowel sounds no nausea	no BM (bowel sounds active) no nausea
Genitourinary	voided 150cc dark brown, 10-15 /cc	voided 150cc dark brown	voided 150cc dark brown
Integumentary	skin intact, no lesions no edema, 10-15 /cc	skin intact, no lesions no edema	injection sites - pink
Musculoskeletal	MRE, 7 in. above 10 both /cc	MRE, 10-15	MRE's
Neurovascular	RR 18, 10-15 /cc	capillary brill	pulses present
Neurological	Alert & 5 /cc	MOX3	MOX
Pain	medicated 10-15 /cc Buprenorphine 0.3-0.7 mg 10-15 /cc		medicated Buprenorphine 10-15 /cc
Teaching: See Progress Notes Or Teaching Flow Sheet			
O₂	---	RA	RA
Suction	---	---	---
Cough & Deep Breathe	---	---	---
Incentive Spirometer	---	---	---
Dressing	---	---	---
Anti-Embolism Device	---	---	---
Dx Test/Special Procedure	---	---	---
Spec Sent to Lab	---	---	---
IV Therapy	---	---	---
I-Med	---	---	---
Checks (rounds)	---	---	---

* See Progress Notes

EL 0072

500685.011.0408

Date:

9/19/97

7259582 MS HR 221342
 8/16/97 HAILHOT, PAUL R
 FANTOZZI, RONALD M
 45 POLAND RD
 AUBURN ME 04210
 C857 462 N/A 207-7825873
 218103-01 99990089

Shift Times:

7-3

3-11

11-7

HYGIENE	Bath	Shower	1cc	Refused APC			
	Special Mouth Care	Self	1cc				
	Foley Care/Peri Care	Shower	1cc				
NUTRITION	Appetite	2 po POF	1cc	Hs Snack APC			
	Tube Feeding/Supplements						
ELIMINATION	Stools	diarrhea x1	1cc				
	Hematest Procedures						
	Enema						
	Catheter Str/Foley	patent, 85/50 catheter	1cc	draining Amber urine APC			
	Strain Urine			neg APC			
	Incontinent						
	Ostomy Care						
	NG/Gtube						
	Other						
ACTIVITY	Bedrest/Reposition	Self	1cc	Self APC			
	Ambulate	P in chair, toilet area					
	Up In Chair	P in chair for 100 in area					
	ROM By Nursing						
	Sleep			good APC			
	Friends/Family	wife in	1cc				
SAFETY	Siderails/Call Bell	7/400	1cc	12/1 in reach APC			
	Restraints: Type/Checks						
	Transport	to X-ray by w/c					
Signature/Initials		Signature	Init.	Signature	Init.	Signature	Init.
C. Connors, RN		ee		Debi Charney, RN	De		
B. Turner		Be					

Intake and Output Log

Intake					Output				
Total 0600h - 0600h					Total 0600h - 0600h				
TF	PO	Blood TPN	I.V. Solution	Other	Time	Urine	Drainage	Emesis	Other
1400h	500				1400h	1600			
2200h					2200h				
0600h					0600h				
24 Hour Total					24 Hour Total				

St. Mary's Regional Medical Center

Nursing Documentation Form
Assessment • Intervention • Evaluation

Date: 9/20

7259582 MS MR 221342
9/16/97 NAILHOT, PAUL R
FANTOZZI, RONALD M
40 POLAND RD
AUBURN ME 04210
C35V /62 W/M 207-7823873
212103-01 99490089

Shift Times:

Shift Times:		7-3	3-11	11-7/19-07
Assessment/Observations	Psych/Social	Alert		Alert, talkative
	Cardiovascular	BP 107/76 pulse 107		Stable. C/O 03/23/05 H.S.
	Respiratory	Very clear & x2		Clear
	Gastrointestinal	B8+ dig soft - stool brown		B15+
	Genitourinary	Steady - no urinary tape to present		voiding. Spontaneous clearing back
	Integumentary	hisp. leg. genital skin pale & dry		Pale, warm, dry.
	Musculoskeletal	MAE		MAE.
	Neurovascular	PP+		✓ + APP. better
	Neurological	NO 6/4 tingling / numbness		✓
	Pain	Pencocodin 12 16 Valium as order		C/O. severe pain + B. Burman S. 4/17 mod relief
Teaching: See Progress Notes Or Teaching Flow Sheet				
Procedures	O ₂	Room Air		RA.
	Suction	-		
	Cough & Deep Breathe	Encouraged		Enc.
	Incentive Spirometer	-		
	Dressing	-		
	Anti-Emboloid Device	-		
	Dx Test/Special Procedure	-		
	Spec Sent to Lab	-		
	IV Therapy	N 1/1R (capped)		with 0.9% NaCl
	I-Med			
Checks (rounds)	q 30 min 10/10	intermittent	7/10 10/10	

* - See Progress Notes

FL 0073

500685.011.0410

Date: 9-20-97

7259582 MS NR 221342
 9/16/97 MAILHOT, PAUL R
 PANTOZZI, RONALD M
 40 POLAND RD
 AUBURN ME 04210
 CTSY 62 M/M 207-7823873
 208103-01 99990089

Shift Times:

		7-3	3-11	11-7	
HYGIENE	Bath	self	E.M.	self DPC	
	Special Mouth Care	self	E.M.	self DPC	
	Foley Care/Peri Care	self	E.M.	self DPC	
NUTRITION	Appetite	fair, fair, fair	E.M.	HS snack DPC	
	Tube Feeding/Supplements				
ELIMINATION	Stools				
	Hematest Procedures				
	Enema				
	Catheter Str/Foley				
	Strain Urine				
	Incontinent				
	Ostomy Care				
	NG/Gtube				
	Other				
	ACTIVITY	Bedrest/Reposition	self	E.M.	self DPC
Ambulate		self	E.M.	self to BR DPC	
Up In Chair					
ROM By Nursing					
Sleep		nap	E.M.	fair DPC	
Friends/Family		self	E.M.	family DPC	
SAFETY	Siderails/Call Bell	rail 1/2 bell in reach	E.M.	↑ r2 1/2 in reach DPC	
	Restraints: Type/Checks				
	Transport				
Signature/Initials		Signature M. K. [unclear] Estelle [unclear] E.M.	Init. E.M.	Signature Deb. Charette DPC	Init. DPC

Intake and Output Log

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
TF	PO	Blood TPN	I.V. Solution	Other		Time	Urine	Drainage	Emesis	Other
1400h	1500		700ml			1400h	625			
2200h						2200h				
0600h						0600h				
24 Hour Total						24 Hour Total				

St. Mary's Regional Medical Center

Nursing Documentation Form
Assessment • Intervention • Evaluation

Date: 9/21/97

7259582 MS HR 221342
9/16/97 MAILHOT, PAUL R
MANTOZZI, RONALD M
20 POLAND RD
BURN HE 04210
355 762 M/W 207-7823873
218103-01 99990089

Shift Times:

	7-3	3-11	11-7
Psych/Social	Alert sleeping	pleasant/cooperative	
Cardiovascular	BP 134/74 Pulse 108	V/S	
Respiratory	lung sounds clear	LS clear & SOB	
Gastrointestinal	BS+ Abd soft	abd soft/non tender	
Genitourinary	Urine - amber yellow	voiding in amt of 300-450cc	
Integumentary	Skin pale w/ dry	w/d. facial color pink	
Musculoskeletal	ME	ME	
Neurovascular	PP+ Edema	PPP edema	CSM adequate
Neurological	no 40 Hz sig or men ex	A/O	& rif
Pain	Perceived it 9 AM	medicated Ultram 50mg	
	Perceived it 1 PM	given 2 30 + 2 15 AC	
	Valium 10 + 17 Diprivan 18cc	Resced 30mg given C 215	
Teaching: See Progress Notes Or Teaching Flow Sheet			
O ₂	Room Air	RA	
Suction			
Cough & Deep Breathe	Encouraged	enc	
Incentive Spirometer			
Dressing			
Anti-Embolie Device			
Dx Test/Special Procedure			
Spec Sent to Lab			
IV Therapy	2x1		
I-Med			
Checks (rounds)	1 PM 10:00 AM	9:15 - 10:00 AM	10:00 AM

* See Progress Notes

EL 06/7

500685.011.0412

Date: 9/21/977259582 MS NR 221342
9/16/97 MAILHOT, PAUL R
FANTOZZI, RONALD H
MC POLAND RD

Shift Times:

7-3

AUBURN

NE 04210

03-11

278103-01

H/N 20117823873

HYGIENE	Bath	shower + shave	E.M.	self	DEC
	Special Mouth Care	self	E.M.	self	DEC
	Foley Care/Peri Care	self	E.M.	self	DEC
NUTRITION	Appetite	fair	E.M.		
	Tube Feeding/Supplements	fair	E.M.		
ELIMINATION	Stools				
	Hematest Procedures				
	Enema				
	Catheter Sp/Foley			straight cath	550ml
	Strain Urine				
	Incontinent				
	Ostomy Care				
	NG/Gtube				
ACTIVITY	Other				
	Bedrest/Reposition	self	E.M.	self	DEC
	Ambulate	self	E.M.	self	DEC
	Up In Chair	self	E.M.	self	DEC
	ROM By Nursing				
	Sleep	nap	E.M.	good	DEC
	Friends/Family	in	E.M.		
SAFETY	Sidrails/Call Bell	rail 1/2 bell in reach	E.M.	TX2/in reach	DEC
	Restraints: Type/Checks				
	Transport				
Signature/Initials		Signature	Init.	Signature	Init.
Estelle M. Patel		Estelle M. Patel	E.M.	Dr. Chandra	DEC

Intake and Output Log

Intake		Total 0600h - 0600h				Output		Total 0600h - 0600h			
TF	PO	Blood TPN	I.V. Solution	Other		Time	Urine	Drainage	Emesis	Other	
1400h	12 H ₂ O					1400h	150				
2200h						2200h					
0600h						0600h					
24 Hour Total						24 Hour Total					

500685.011.0413

St. Mary's Regional Medical Center

Nursing Documentation Form
Assessment • Intervention • EvaluationDate: 9-22-97

025958 MS HR 221342
9/16/97 HAILHOT, PAUL R
ANTOZZI, RONALD M
0 POLAND RD
UBURN ME 04210
351 /62 M/N 207-7823873
18103-01 99990089

Shift Times:

0700-1600

7-3

3-11

11-7

Assessment/Observations	Psych/Social	Reassess		
	Cardiovascular	B ₁₀ = 130/98		
	Respiratory	LS clear bilaterally		
	Gastrointestinal	Abd. firm; distended		
	Genitourinary	4% diff. vesicles see notes		
	Integumentary	warm; dry		
	Musculoskeletal	MAE		
	Neurovascular	(B) PP+		
	Neurological	Alert x3		
	Pain	4% (L) side pain med		
		2 Reassess at 0930, 1430		
Teaching: See Progress Notes Or Teaching Flow Sheet				
Procedures	O ₂	—		
	Suction	—		
	Cough & Deep Breathe	—		
	Incentive Spirometer	—		
	Dressing	—		
	Anti-Embollic Device	—		
	Dx Test/Special Procedure	—		
	Spec Sent to Lab	—		
	IV Therapy	None		
	I-Med	—		
	Checks (rounds)	410		

* See Progress Notes

EL 0073

500685.011.0414

Date: 4-22-97

759582 NS NR 221342
 9/16/97 NAILHOT, PAUL R
 FANTOZZI, RONALD R
 40 POLAND RD
 AUBURN ME 04210
 CT SY 262 N/M 207-7838877
 218103-C1 99990089

Shift Times:

		7-3	3-11	11-7			
HYGIENE	Bath	Self	TC				
	Special Mouth Care		TC				
	Foley Care/Peri Care	↓	TC				
NUTRITION	Appetite	Good, Good	TC				
	Tube Feeding/Supplements						
ELIMINATION	Stools						
	Hematest Procedures						
	Enema						
	Catheter Str/Foley						
	Strain Urine						
	Incontinent						
	Ostomy Care						
	NG/Gtube						
ACTIVITY	Other						
	Bedrest/Reposition	Self	TC				
	Ambulate	Self	TC				
	Up in Chair	ad lib	TC				
	ROM By Nursing						
	Sleep	Waps	TC				
SAFETY	Friends/Family	Family	TC				
	Siderails/Call Bell	rails & 12 bell reach					
	Restraints: Type/Checks						
	Transport	Plc	TC				
Signature/Initials		Signature	Init.	Signature	Init.	Signature	Init.
		SCANN	TC				
		Quinness RN	TC				

Intake and Output Log

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
TF	PO	Blood TPN	I.V. Solution	Other		Time	Urine	Drainage	Emesis	Other
						1400h				
						2200h				
						0600h				
24 Hour Total						24 Hour Total				

500685.011.0415

Mary's Regional Medical Center
Patient Progress Notes

ED Code For Clinical Services:

NS-Nursing Service R-Radiology CS-Cardiology Services
DS-Dietary Service RC-Respiratory Care RT-Recreation Therapy
PC-Pastoral Care ED-Pt. Educator OT-Occupational Therapy
SW-Social Work PH-Pharmacy PT-Physical Therapy
ST-Speech Therapy

259582 NS NR 221342
9/16/97 MAILHOT, PAUL R
FANTOZZI, RONALD H
MC POLAND RD
MCBURN ME 04210
C351 62 H/H 207-7823873
218103-01 9950089

ID Key	Date	Time	Notes	Signature and Title
NS	9/16	1450-1900	Admit Note: Pt arrived via stretcher from ER. IV infusing & difficultly. Pt is alert, oriented. C/o abd/flank pain - 5-6 on scale 1-10. Admission assessment completed. IV set to LR @ 1250. Pt complained of increasing abd/flank pain. Requiring more pain med. Supplied 2mg IV given @ 1600 & relief. Pt attempted to void x2 - was finally able to void 450 cc clear yellow urine which was strained and a stone found. Taking clear liquids. DR permit signed. In Confid in to pt. No complaints at present. J. Carlson, RN	
NS	9/16	19-07	#1 med with 1450 & 1500. Pt is alert, oriented. C/o abd/flank pain - 5-6 on scale 1-10. Admission assessment completed. IV set to LR @ 1250. Pt complained of increasing abd/flank pain. Requiring more pain med. Supplied 2mg IV given @ 1600 & relief. Pt attempted to void x2 - was finally able to void 450 cc clear yellow urine which was strained and a stone found. Taking clear liquids. DR permit signed. In Confid in to pt. No complaints at present. J. Carlson, RN	

140670

EDUCATION

St. Mary's Regional Medical Center
Patient Progress Notes

ID Code For Clinical Services:

MS - Nursing Service	R - Radiology	CS - Cardiology Services
MT - Dietary Service	RC - Respiratory Care	RT - Recreation Therapy
PC - Physical Care	ED - Pt. Educator	OT - Occupational Therapy
SW - Social Work	PH - Pharmacy	PT - Physical Therapy
		ST - Speech Therapy

7259582 MS MR 22134
 9/16/97 NAILHOT, PAUL R
 FANTOZZI, RONALD H
 40 POLAND RD
 AUBURN ME 04210
 C357 62 H/H 207-782337
 218103-01 99990089

ID Key	Date	Time	Notes	Signature
AS	9/17	07:41	<p>had diarrhea - instructed to use basin in order to vomit</p> <p>04 amide - med to Buprenex phen - IM - for pain</p> <p>06 vomited 75cc clear bile med to com amide cath for 575cc clear yell - Stomach & stone reg still unable to void</p> <p>Jan monitor up skin issue - monitor I.U.</p>	POH
AS	9/17	07:41	<p>#10) No pain Dobb + flank + down in groin post-op.</p> <p>A) med: Buprenex 0.3ml twice + Percut: 10 once. R) Pt reports good pain control p Buprenex, no pain control p Percut</p> <p>P) monitor, medicate per document pt's response</p> <p>#20) Pt unable to void TO OR for cystoscopy + stent insertion.</p> <p>P) unable to void post-op A) St. cath d @ was for HSC & clear amber urine & small amt blood @ end when catheter removed. P) Pt still unable to void. A) Dr Mailhot notified.</p> <p>H) 16Fr S. Foley inserted to gravity drip. urine clear amber</p> <p>P) monitor urinary drainage, strain urine</p> <p>Dr A taught about stent monitoring i.e. check freq to be sure stent strings taped to penis but no tape around entire penis, wear condom for sexual intercourse to protect stent strings removal will be done in physician's office (lets p have pulverized by lithotripter</p>	POH

Mary's Regional Medical Center
Patient Progress Notes

ED Code For Clinical Services:

NS-Nursing Service R-Radiology CS-Cardiology Services
DS-Dietary Service RC-Respiratory Care RT-Recreation Therapy
PC-Pastoral Care ED-Pt. Educator OT-Occupational Therapy
SW-Social Work PH-Pharmacy PT-Physical Therapy
ST-Speech Therapy

7259582 MS MR 221342
9/16/97 MAILHOT, PAUL R
FANTOZZI, RONALD H
40 POLAND RD
AUBURN ME 04210
CTSY /62 M/M 207-7823873
218103-01 99990089

ID Key	Date	Time	Notes	Signature and Title
NS	9/17	14:07	#1 #2 C/o of L & Q pain - med x3 - reported to Rg mailhot at 14:00 Buprenex not working - the - med new order - (C) phone of Rg mailhot Dose comp. Buprenex not at 14:00 - at 15:00 ph out. Case ordered Dent. in place at cont. to Buprenex med x3 - (C) symp. treatment - (C) minutes - (C) - Per	
NS	9/17	09:00 13:00	Alt. to Comfort: (C) (C) (C) added pain, guarding of incisional site, state pain scale (C) + post p.o. + IV/IM med (C) (C) (C) (C) 09:45 E 2 state p.o. med. State pain continuous at (C) scale. Medicated @ 11:15 - I & Buprenex + IM Pheny. State scale consistently at (C). Pin balling, c/o abd. cramping to (C) side. Encouraged pain reporting with effectiveness of pain mgt. (C) Continue to monitor pain mgt. & pain scale measurement and medicate as ordered. C. concn. Sels.	Blumen
NS	9/17	01:19	Hx 2 D Buprenex OK, abd distended. A attempted to void but unable to void p initially voiding approx 200 ml this AM. A) med. it count: 10 @ 13:55 Buprenex 3mg 12:14:00 PPT reports good pain control p Buprenex. A) Foley catheter @ 14:00 by J. Landry. A) 14:50 - less abdominal distention, abd soft. Monitor 2nd med. to pain document effect, then void.	Blumen
NS	9/18	14:07	#1 #2 pain L & Q cont. on Buprenex med. used also - 1 dose more symp. cont. N.I. - abd distended - (C)	Blumen

140070

St. Mary's Regional Medical Center
Patient Progress Notes

7259582 NS NR 221342
9/16/97 MAILNOT. PAUL R
FANTOZZI, RONALD M
40 POLAND RD
AUBURN ME 04210
C75Y [REDACTED] 62 H/W 207-7823875
210103-C1 99990089

HC Code For Clinical Services:

NR-Nursing Service

R-Radiology

CS - Cardiology Services

EE-Dietary Service

RC-Respiratory Care

RT-Recreation Therapy

PC-Pastoral Care

ED-Pt. Educator

OT-Occupational Therapy

SW-Social Work

PH-Pharmacy

PT-Physical Therapy

ST-Speech Therapy

ID	Key	Date	Time	Notes	Signature and Time
NS	9/14	07:00		<p>c gazed as - shamed me D Stone clear yell to clear amber - med c genital at 2000 - Buprenex 20-24-04 Chaperon Oct 123-04 did sleep some after ingested P med not effective pgs 21 Olu 8 months + 0 - (see) control Data sent contrast given at 2000 for year C. J. Warr - ROR</p>	
NS	9/19	07:00-1300		<p>Overall recs: Medial c Buprenex/Moragon at 0900 for (D) sided pain. Pain scale (D) pre + post meds 7 calculated tomorrow, tol. well. TV CT for pulse & abd. x can continue given. changed IV side from Lt. wrist to Rt forearm due to infiltration, 22G. Inj. phle. attempted Xd - unsuccessful claudia. vom ea this time F BF. C. cone, SP2 -</p>	
NS	9/19/92	07:19		<p>#10) Sp pain @ quadrants. perception states it is constant. Sx @ quadrant pain which pt relates to his chronic disease. Denies flank pain A) Medi Buprenex 0.3mg Maragan Song M @ 1300H. R/A reports that the pain med is effective for approx 2 hrs only P/Monitor. Medication pen + document effect H/R/N) Foley placed. Urine ranges from amber pink sediment (brown) in tubing to pale yellow color A) 140-155. CT add poliois P) continue IV and anti biotics, strain urine</p>	Schubert

St. Mary's Regional Medical Center
Patient Progress Notes

Key Code For Clinical Services:

NS-Nursing Service R-Radiology CS-Cardiology Services
RS-Radiology Service RC-Respiratory Care RT-Recreation Therapy
PC-Patient Care ED-Pt. Educator OT-Occupational Therapy
SW-Social Work PH-Pharmacy PT-Physical Therapy
ST-Speech Therapy

7254582 NS MR 225482
9/16/97 NAILHOT, PAUL R
FANTOZZI, RONALD M
40 POLAND RD
ALBURN NE 04210
C35Y 62 M/H 207-762-1577
218103-01 99990089

ID Key	Date	Time	Notes	Signature and Title
NS	9/19-9/20	17-07	<p>complaint: medicated c. Buprenex and Phenergan at 200h for c/o @xax to flank discomfort & sleep (plan) try Percocet this AM</p> <p>Valium TID scheduled</p> <p>elimination: urine clear pale yellow via Foley</p> <p>Foley dr'd blood (plan) no urine/void seen</p> <p>Encourage po. OR 12/HR</p> <p>04:30 Percocet 77 tabs po given at 04:30 c. only fair effect - M. [unclear]</p>	
NS	9/20	07-19	<p>complaint: Medicated c. Phenergan & Buprenex @ 8 AM</p> <p>Left sided pain - also back - Percocet given @ 10 & 11:30 c. some relief</p> <p>Able to amb. in hall - Plan: Med. c. Percocet</p> <p>both hips (from IM injections) appear to be putrefaction - instructed PT if unable to walk to take po. pain medication - Dr. Medford called in aware of IM injection site - Encourage pt. rest & to cap IV - 7 feds -</p> <p>Elimination: Uoidig - 350ml yellow -</p> <p>Encourage to drink feds - Plan - Do</p> <p>from void sheet maintained -</p>	
NS	9/20	12-23	<p>21- c/o severe L side pain - buprenex given</p> <p>Crackles med. relief. Pt states he feels he needs the buprenex for pain. Waking standing</p> <p>dark yellow urine good ants.</p> <p>22- Pt c/o feeling very dizzy after set up paper</p> <p>toothpaste - 2 p. 500c tested approx. 45 mins -</p> <p>BJP - 12/68 - AP-120.</p> <p>24- Raising slowly up - w. c/o.</p> <p>25- c/o severe pain L side - Pt wants an x-ray</p> <p>26- [unclear] [unclear] [unclear] [unclear]</p>	

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